

NEAR INPUT TRANSMITTAL
*(Prepare in triplicate. Forward
original and one copy to the
appropriate Finance Division)*

CHECK APPROPRIATE OFFICE SYMBOL

<input type="checkbox"/> 6BCPG	<input type="checkbox"/> 6BCPF	<input type="checkbox"/> 6BCPM	<input type="checkbox"/> 6BCPI	<input type="checkbox"/> 6BCRG	<input type="checkbox"/> 6BCRF
<input type="checkbox"/> 6BCRC	<input type="checkbox"/> 6BCA	<input type="checkbox"/> 6BCAF	<input type="checkbox"/> 6BCAG	<input type="checkbox"/> 6BCE	<input type="checkbox"/> 6BCC
<input type="checkbox"/> 6BCEP	<input type="checkbox"/> 6BCY	<input type="checkbox"/> 7BCPL	<input type="checkbox"/> 7BCPP	<input type="checkbox"/> 7BCPC	<input type="checkbox"/> 7BCPK
<input type="checkbox"/> 7BCAX	<input type="checkbox"/> 7BCAP	<input type="checkbox"/> 7BCAK	<input type="checkbox"/> 7BCRK	<input type="checkbox"/> 7BCPR	
<input type="checkbox"/> OTHER (Specify)					

THE FOLLOWING DOCUMENTS ARE TRANSMITTED HEREWITH:

DATE

SERIAL NUMBER

NUMBER OF DOCUMENTS
EXCLUDING SUPPORTING
DOCUMENTS



AUTHORIZED SIGNATURE

TITLE

SERVICE

OFFICE SYMBOL

TELEPHONE NUMBER

()

SIGNATURE OF RECEIVING OFFICIAL - FINANCE

NUMBER DOCUMENTS RECEIVED

DATE RECEIVED